



NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THE FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:	09/079324	
	,	

Total

Total Fee Calculation

	Fee Code	# Claims	Extra	X	F c	Fee		
	Sm./Lg.		•		Sm. Entity	Lg. Ent		
Basic Filing Fee	201/101	•			•	790		
Total Claims >20	203/103	1/3 -20	= 93	x28	2	000		
Independent Claims >3	202/102	16 -20 16 -3:	13	, 82		2 <u>046</u>		
Mult. Dep Claim Present	204/104		<i>'</i>	^		1 <u>666</u>		
Surcharge	205/105					270		
English Translation						130		
TOTAL FEE CALCULA					,			
Fees due upon filing th	ne applicatio	:ת						
Total Filing Fees Due = \$ 4302.00								
Less Filing Fees Subm	ined - S			 .	·			
BALANCE DUE	= S	4302.	00	_				

FORM OFFE-RAM-01 (Rev. 5/97)